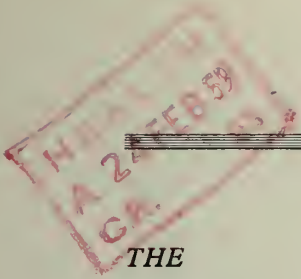


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THE  
RURAL DISTRICT  
COUNCIL OF  
GAINSBOROUGH



R E P O R T  
OF THE MEDICAL  
OFFICER of HEALTH



FOR THE  
YEAR 1957



# Rural District Council of Gainsborough



*Chairman* : A. T. DICKINSON, J.P., Northorpe Hall.

*Vice-Chairman* : G. H. BINGHAM, Stow.

Councillor M. Pye (Blyton and Pilham)  
Councillor H. Marris (Blyton and Pilham)  
Councillor Mrs. C. N. Dickinson (Brampton, Hardwick and  
Torksey)  
Councillor H. Dickinson (Blyborough)  
Councillor J. B. Barley (Gate Burton and Knaith)  
Councillor Rev. F. Butterworth (Corringham)  
Councillor W. H. Smithson (East Ferry and Wildsworth)  
Councillor A. E. Robinson (Fenton)  
Councillor W. Carter (Fillingham)  
Councillor Mrs. D. M. Footitt (Glentworth)  
Councillor W. A. Neave (Grayingham)  
Councillor G. E. Hewitt (Heapham)  
Councillor G. R. Brumby (Harpswell and Hemswell)  
Councillor W. H. Rose (Kexby)  
Councillor F. I. Gourley (Kettlethorpe)  
Councillor Mrs. G. O. Marshall (Lea)  
Councillor R. Chappell (Laughton)  
Councillor A. Barley (Morton and Thonock)  
Councillor Mrs. C. Ranby (Morton and Thonock)  
Councillor H. Kitchinson (Marton)  
Councillor H. C. Grimes (Newton-on-Trent)  
Councillor A. T. Dickinson, J.P. (Northorpe)  
Councillor T. Kendall (Scotter)  
Councillor C. W. Limb (Scotter)  
Councillor R. M. Kirman (Scotton)  
Councillor J. H. Muskett, J.P. (East Stockwith and Wildsworth)  
Councillor G. H. Bingham (Stow)  
Councillor J. R. Harris (Springthorpe)  
Councillor Mrs. E. Staniland (Sturton-by-Stow)  
Councillor E. R. Selby (Upton)  
Councillor Dr. K. O'Toole (Willingham)  
Councillor A. Marsh (Willoughton)

*Clerk of the Council* : EDGAR A. DONSON

R.D.C. Offices, 17, Morley Street, Gainsborough.

# Rural District Council of Gainsborough.

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## STAFF OF PUBLIC HEALTH DEPARTMENT

*Medical Officer of Health :*

**WILLIAM C. WARD**

M.B., B.Ch., B.A.O., D.P.H. (Commenced 1st October, 1957)

**C. W. PEARSON**

M.B., B.Ch., B.A.O. (Temporary 27th June, 1957 to  
1st October, 1957)

**J. C. MACARTNEY**

M.D., M.B., Ch.B., (Edin. Univ), D.P.H., (Edin. & Glasgow)  
(Resigned 27th June, 1957)

*Surveyor and Public Health Inspector :*

**E. DONELLY**

A.I.S.E., C.R.S.I., Certificate of the Royal Society of Health.

*Assistant Public Health Inspector :*

**D. G. CLIXBY**

Cert. S.I.B., Certified Inspector of Meat and Other Foods.

# ANNUAL REPORT

of the

## Medical Officer of Health

for the year 1957

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TO THE CHAIRMAN AND MEMBERS OF THE  
RURAL DISTRICT COUNCIL OF GAINSBOROUGH.

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Public Health Department,  
12, Lord Street,  
Gainsborough.  
Tel. No. 2381

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my Annual Report for the year 1957 on the health and sanitary circumstances of your district. This is my first report and I should like to take this opportunity to thank the members of the Council and the officials for their kind welcome and the help they have given to me whilst I was settling into my new position as your Medical Officer of Health.

Dr. J. C. Macartney, your previous Medical Officer of Health, was forced to retire through illness in June and one and all were sorry to see this happen. Even more unfortunate was the fact that he did not have time to enjoy his retirement, for early this year, when on the way to recovery, he died suddenly. The Staff of the Health Department extend their deepest sympathy to Mrs. Macartney and his relatives.

Dr. C. W. Pearson acted as temporary Medical Officer of Health in the period between Dr. Macartney's resignation and my taking up of office on October 1st. I should like to thank him for his welcome and for the help he has given to the Health Department and to me personally.

### VITAL STATISTICS.

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The vital statistics are good and compare favourably with the country as a whole. Our figures in many cases are better than those of the country as a whole. However, it must be

*THREE*

remembered that we are dealing with comparatively small numbers and these are more likely to fluctuate considerably from year to year. This is particularly true of our death rates.

I am introducing this year a new figure, the Perinatal Mortality Rate. This is used to refer to the death of infants before, during and shortly after birth. It includes stillbirths and deaths in the first week of life. This figure gives a truer picture of the total loss of infant lives. This year I have introduced a table of the causes of these infant deaths.

## INFECTIOUS DISEASES.

Once again we have had a pandemic (i.e., world-wide distribution) of influenza. It started in China and within six months spread rapidly to every continent. The epidemic started in this country late July to August. The virus, like many a visitor from a foreign country, was met by terrific publicity on the television, the radio and in the Press. The virus, Influenza A/Asia/57, not to be outdone, caused many to "swoon" but was not so discriminating as to affect one age group. Teenagers and their elders alike went down to his charms.

Fortunately the disease was mild and caused few deaths, unlike the 1918-19 outbreak, which was the most lethal pandemic in history. It's three waves are reported to have killed 15 million people. The 1957 influenza, however, was most infectious and it is pretty certain that the main spread was through the schools. Spread was rapid and once in a house, the disease went through the family. Because of the mildness of the disease, infected people often went about their work for some days before finally going to bed. They, of course, infected their fellow workers. Industry was very badly affected in some areas by absenteeism due to influenza. Rural areas were not as badly affected as the urban areas and the cities. This was due to the less dense population of the rural area and also to the fact that fewer large gatherings of people occur, all of which greatly enhance the spread of the disease.

The expected second wave in January did not materialise, at least not to any great extent. For this we must be thankful. It is doubtful if it would have been as mild and the risk of complications developing is very much increased in the winter months.

The other infectious diseases were well within normal limits. Once again it is most pleasing to report that there has not been a case of diphtheria.

## **FOUR**

## IMMUNISATION AND VACCINATION.

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Protection is now provided against diphtheria, smallpox, whooping cough, tetanus, tuberculosis and poliomyelitis. With the exception of tuberculosis the service is provided either at school's and child welfare centres, or by the general practitioners.

It is disappointing to note the small percentage of children who have been given this protection. Of 250 births, only 39 children had been vaccinated against smallpox and 60 immunised against diphtheria and whooping cough before their first birthday. These low figures give rise to some concern. Because we have not had a case of diphtheria for some time does not mean that diphtheria has gone for good. Some people seem to think diphtheria no longer exists. Diphtheria does exist and unless we keep a high level of immunised in the community we shall have a return of this dreadful disease. Many areas have had this happen with a needless loss of life. It is apathy on the part of parents that is the root of the cause for such small numbers of children being immunised and vaccinated. This must cease or many parents may see, in the not too distant future, the day when they will rue their carelessness.

Whooping cough is more fatal in infants. It is therefore, advisable to have an infant immunised as early as possible against whooping cough.

The risk of smallpox occurring has increased with the expansion of air travel. People can now travel half way round the world in the matter of a day or so. It is possible for a person to be incubating the disease and whereas in the past the disease would have occurred on board ship, nowadays he could be in this country and even here amongst us before the disease was obvious. He would of course have infected a lot of us. I urge parents to have their children vaccinated. It is often the residual scarring associated with smallpox vaccination that puts parents off. With modern techniques the scar is tiny and not very noticeable.

Vaccination against Poliomyelitis which was introduced in 1956 for limited groups of children born in the years 1947-1954 inclusive was extended this year. All children born between 1943 and 1956 inclusive and those born in 1957 who were six months old were eligible for vaccination. The response was better this year. Many, who were pessimistically awaiting the outcome of the first vaccinations, when they found that there were no untoward reactions changed their minds and accepted vaccination.

This year the County Council introduced a scheme for the vaccination of thirteen-year-old children against tuberculosis.



This vaccination is known generally as B.C.G. vaccination. The letters B.C.G. stand for Bacille Calmette et Guérin. Calmette and Guérin were two Frenchmen who originally made the vaccine. I have often been asked why we vaccinated the thirteen-year-old children. The main reasons are that these children are shortly to leave the sheltered environment of school and home life and enter the "outside world," where they have a greater chance of contacting the tuberculosis germs and thus contracting the disease. Adolescence is a period when the natural resistance to tuberculosis is low. This resistance is lowered further because this is a period when they are working hard and, more than often, playing hard. Vaccination is given to those children, who have not acquired a resistance to tuberculosis, to boost their resistance and help them over this danger period. Not all thirteen-year-olds need to be vaccinated so a preliminary test is carried out to find those who need vaccination and those who do not. It depends on the result of this preliminary test whether or not a child actually receives vaccination. If the result of the test is negative it means the child has not acquired a resistance to tuberculosis and is vaccinated. If the test is positive it means the child has acquired a resistance to tuberculosis and does not need vaccination. The children who show a positive reaction are usually X-rayed to rule out any possibility of their having active tuberculosis. I am glad to report that the response to the offer of vaccination was good.

#### CANCER OF THE LUNG.

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Many surveys carried out throughout the world have shown that there is a relationship between tobacco smoking and cancer of the lung. The precise nature of the association between the two has not been definitely determined. One thing is certain: cancer of the lung is on the increase. In 1955 the incidence of lung cancer was double that for 1945. These are some of the facts:—

Among males	—
1 in 18 deaths are due to Cancer of the Lung.	
Among females	—
1 in 103 deaths are due to Cancer of the Lung.	
Among non-smokers	—
1 in 300 deaths are due to Cancer of the Lung.	
Among heavy smokers—	
1 in 8 deaths are due to Cancer of the Lung.	

There is a higher mortality among heavy smokers. Cigarette smokers have a higher mortality than pipe smokers. It has been shown that mortality is down amongst those who give up smoking and gets less the longer the time they have been "off" cigarettes.



Lots of arguments have been put forward to discredit these facts. It is argued that many other factors are involved, especially atmospheric pollution. Some of this may be true, but it is also true that tobacco smoking plays a definite role in the production of lung cancer. One thing is pretty certain, even if tobacco smoking does not do so much harm it most certainly does not do much good.

I think it most important that these facts be put before school-children and they be made fully aware of the risks which accompany smoking. They should be dissuaded from smoking because of firstly the medical point of view and secondly the financial aspect. It is so hard to break the habit once it is acquired that every effort should be made to see that the habit is not allowed to form.

Figures quoted for smoking and the age of starting are:

At the age of 14½ years 25% of boys and 3% of girls smoke.

At the age of 15½ years nearly 50% of boys and 20% of girls smoke.

It is a pity to see so many puff themselves into the cancer risk and to see so much money go up in smoke. It is the duty of all engaged in Public Health to see that the relevant facts are placed before the public.

#### THE OLDER MEMBERS OF OUR COMMUNITY.

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The study of the increasing longevity of the population and the problems of the older members of the community has become an important concern of all engaged in the Public Health field. I mention one or two problems we are helping to solve.

It is essential for old folk to be kept in a very good state of physical health. Towards this it is important that they can see as well as is possible. This requires proper spectacles to help their vision and adequate lighting in the home. Next in importance I put the care of the feet. Foot complaints often limit their mobility and to overcome this chiropody is essential. Next in importance is adequate food. I mean adequate—quality as well as quantity.

Slum clearance and rehousing programmes often separate the young from their elders, much to the detriment of the latter. The old person may become insecure and lonely and this may lead to mental depression. He or she feels useless and unwanted and may shrink into seclusion and reject offers of help. Prevention of this lies in the maintenance of a sense of usefulness and in companionship. Part-time employment if it can be secured and undertaken keeps up one's feeling of independence and usefulness. A hobby can also be a real help especially one such as gardening which gets the person out in the fresh

air. Visits from friends and relatives tend to ease the loneliness. To help alleviate loneliness and keep the aged mentally alert and bright is the aim of our voluntary clubs for the old folk.

Morale must be kept as high as possible. Old age will bring physical defects and the person's mental outlook will play a large part in his reaction to the process of ageing. One often sees an old person hobbling slowly on a stick determined to get where he wants to go and others of the same age, though more mobile, just sit around all day. Each has assessed his infirmity; one decides to master it, the other lies under it. It is thus important to have a bright mental outlook and this is achieved by keeping morale high.

I should like to mention one point about housing and old folk. During my inspections of unfit houses in this area I have noticed a high proportion of the houses are occupied by elderly people living either alone or as a couple. We must make adequate arrangements for these people when we plan our building programmes. They require small houses of the bungalow or flat type that are easily managed rather than our conventional two or three bedroom houses. To keep these clean is often a strain on the old person and especially so if there is too large a garden to keep tidy. It does appear to me a waste to rehouse an elderly person from a slum clearance area in a two bedroomed house which does not really suit them and which would be used to better advantage by a family. This can happen through lack of flats or bungalows. I am glad that our Council has this problem under serious consideration.

The Home Help Service of the Lindsey County Council plays no small part in helping to keep the old folk in their own homes and out of hostels.

I am grateful to many of my colleagues for the information concerning their departments included in this report. I should particularly like to thank the Lindsey County Medical Officer, Dr. C. D. Cormac, and his staff for their help and co-operation, and Mr. Donelly, my Chief Public Health Inspector, who got together quite a considerable amount of the details and information presented in this report.

I should also like to express my thanks to the Chairman and Members of the Council for their support during the year.

Finally I wish to record my thanks to the staff of my own department, Mr. Donelly, Senior Public Health Inspector, Mr. Clixby, Additional Public Health Inspector, and also the clerical staff, for their loyal co-operation and assistance.

I am,

Your Obedient Servant,

WILLIAM C. WARD,

Medical Officer of Health.

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area of the Rural District.....	78,598 acres
Estimated Population .....	13,290
Rateable Value on the 31st December, 1957.....	£106,625
Sum Represented by 1d. Rate.....	£500

The district is entirely rural in character. It surrounds the Urban District of Gainsborough on three sides. The parishes of Morton and Lea, which adjoin Gainsborough town, are semi-residential. The Northern and Southern extremities are seventeen miles apart and the greatest width is eleven miles. The sole industry is agriculture.

### VITAL STATISTICS

Vital statistics are calculated on estimated population as supplied by the Registrar General.

#### Births

	Total	Male	Female
Live Births—Legitimate	238	128	110
Illegitimate	12	4	8
Totals	250	132	118

	Total	Male	Female
Still Births—Legitimate	2	2	—
Illegitimate	—	—	—
Totals	2	2	—

	Gainsborough R.D.C.	England & Wales
Birth Rate per 1,000 population :		
Live Births	20.69	16.1
Still Births	0.15	0.37
Still Birth Rate per 1,000 total live and still births	7.94	22.5

NINE

## Deaths

	Total	Male	Female
All Causes ....	114	69	45
	Gainsborough R.D.C.	England & Wales	
Revised death rate per 1,000 population ....	8.41	11.5	
Maternal Mortality :			
Deaths from pregnancy, childbirth, abortion ....	Nil	349	
Mortality Rate per 1,000 total (live and still) births ....	Nil	0.47	

## Infant Deaths

	Total	Male	Female
Under 1 year —Legitimate	5	2	3
Illegitimate	—	—	—
Totals	5	2	3

	Total	Male	Female
Under 4 weeks—Legitimate	3	1	2
Illegitimate	—	—	—
Totals	3	1	2

	Total	Male	Female
Under 1 week ....	1	—	1

## Infant Mortality Rate (i.e. under 1 year)

	Gainsborough R.D.C.	England & Wales
All infants per 1,000 live births	20.0	23.1
Legitimate infants per 1,000 legitimate births ....	21.01	
Illegitimate infants per 1,000 illegitimate births ....	Nil	
Neo-natal Mortality Rate (i.e. under 4 weeks)		
All infants per 1,000 live births	12.0	16.5
Legitimate infants per 1,000 legitimate births ....	12.60	
Illegitimate infants per 1,000 illegitimate births ....	Nil	
Peri-natal Mortality Rate (i.e. Still Births and deaths under 1 week per 1,000 total births)	11.90	36.2

COMPARATIVE TABLE

RURAL DISTRICT OF GAINSBOROUGH		Live Births		Deaths (All causes)		Still Births		Maternal Mortality		Infant Mortality				
		No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 live births	No. of deaths regis- tered	Rate per 1000 live births	Neo-Natal
Population 13,290														
Year 1957	....	250	*18.81	114	†8.58	2	7.94	Nil	Nil	5	20.0	3	12.0	
Year 1956	....	228	18.98	135	10.31	7	29.79	Nil	Nil	2	8.77	2	8.77	
Year 1955	....	237	20.57	130	9.93	8	32.65	Nil	Nil	8	33.76	5	21.10	
Year 1954	....	252	20.96	117	8.68	8	31.75	Nil	Nil	3	11.91	1	3.97	
Year 1953	....	243	22.63	117	8.38	7	28.0	1	4.0	7	28.80	6	24.69	
Year 1952	....	204	19.53	131	9.63	7	33.17	1	4.74	8	39.22	5	24.51	
Average 5 years — 1952 — 1956		—	20.53	—	9.38	—	31.06	—	1.75	—	24.49	—	16.61	

\* 1957 adjusted live birth rate (comparability factor, 1.10) — 20.69 per 1,000

† 1957 adjusted death rate (comparability factor, 0.98) — 8.41 per 1,000

# Summary of the Principal Causes of Death, 1957

(Registrar-General's Official Returns, 1957)

All Causes 114 — Males 69, Females 45.

	Causes of Death	Males	Females
1	Tuberculosis, respiratory .....	2	—
2	Tuberculosis, other .....	—	—
3	Syphilitic disease .....	—	—
4	Diphtheria .....	—	—
5	Whooping Cough .....	—	1
6	Meningococcal infections .....	—	—
7	Acute poliomyelitis .....	—	—
8	Measles .....	—	—
9	Other infective and parasitic diseases .....	—	—
10	Malignant neoplasm, stomach .....	3	1
11	Malignant neoplasm, lung, bronchus .....	1	—
12	Malignant neoplasm, breast .....	—	—
13	Malignant neoplasm, uterus .....	—	3
14	Other malignant and lymphatic neoplasms .....	6	1
15	Leukaemia, aleukaemia .....	3	—
16	Diabetes .....	—	—
17	Vascular lesions of nervous system .....	9	7
18	Coronary disease, angina .....	11	7
19	Hypertension with heart disease .....	1	1
20	Other heart disease .....	9	11
21	Other circulatory disease .....	5	2
22	Influenza .....	—	—
23	Pneumonia .....	3	—
24	Bronchitis .....	5	2
25	Other diseases of respiratory system .....	—	—
26	Ulcer of stomach and duodenum .....	1	—
27	Gastritis, enteritis, and diarrhoea .....	—	—
28	Nephritis and nephrosis .....	1	—
29	Hyperplasia of prostate .....	1	—
30	Pregnancy, childbirth, abortion .....	—	—
31	Congenital malformations .....	1	—
32	Other defined and ill-defined diseases .....	3	8
33	Motor vehicle accidents .....	2	—
34	All other accidents .....	2	1
35	Suicide .....	—	—
36	Homicide and operations of war .....	—	—
		69	45



# ENGLAND AND WALES

## BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1957.

(Provisional figures based on Registrar-General's Weekly and Quarterly Returns)

	Birth-Rate per 1,000 Population		Annual Death-Rate per 1,000 Population					Rate per 1,000 Live Births		Rate per 1,000 Live and Still Births	Rate per 1,000 total (live and still) Births
	Live Births	Still-Births	All Causes	Tuberculosis (Respiratory)	Tuberculosis (Non-respiratory)	Cancer (Lung & Bronchus)	Cancer (Other)	Infant Mortality	Neo-Natal Mortality	Peri-Natal Mortality	Maternal Mortality
<b>Gainsborough Rural District</b>											
Estimated home population mid- 1957 — 13,290)	20.69	0.15 (7.94(a))	8.41	0.15	Nil	0.08	1.05	20.0	12.0	11.90	Nil
<b>England and Wales</b>											
(Estimated home population mid- 1957 — 44,907,000)	16.1	0.37 (22.5 (a))	11.5	0.10	0.01	0.43	1.14	23.1	16.5	36.2	0.47

(a) per 1,000 total (live and still) births,

## INFANT MORTALITY

Infant deaths under one year of age for 1957 were five. The causes of these deaths are listed.

CAUSES OF DEATH	Under one week	One week to three months	Three months to six months	Six months to nine months	Nine months to one year	Total under one year
All Causes	1	3	1	—	—	5
Prematurity ....	1	1	—	—	—	2
Atelectasis ....	—	—	—	—	—	—
Pneumonia ....	—	1	1	—	—	2
Congenital Heart	—	—	—	—	—	—
Spina Bifida ....	—	1	—	—	—	1

	Gainsborough R.D.C.	England & Wales
Infant Mortality Rate (i.e. Deaths under 1 year per 1,000 live births) ....	20.0	23.1
Neo-natal Mortality Rate (i.e. Deaths under 4 weeks per 1,000 live births) ....	12.0	16.5
Peri-natal Mortality Rate (i.e. Still births and deaths under 1 week per 1,000 total live and still births) ....	11.90	36.2

## MATERNAL MORTALITY

No maternal deaths occurred during the year.

Table showing the total number of births (live births plus still births) and the total number of maternal deaths.

Year	Total Number of Births	Number of Maternal Deaths
1957 ....	252	Nil
1956 ....	235	Nil
1955 ....	245	Nil
1954 ....	260	Nil
1953 ....	250	1
1952 ....	211	1

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### A. SERVICES PROVIDED BY THE COUNTY COUNCIL.

County Medical Officer of Health:

Dr. C. D. Cormac, M.A., B.M., B.Ch., D.P.H.  
Public Health Dept., County Offices, Lincoln.

**Health Information.** Enquiries relating to local health services may be made of the Medical Officer of Health, Council Offices, 10/12, Lord Street, Gainsborough.

Many various facilities are available under the following headings:—

Maternity Service.

Child Care.

Home Nursing.

Health Visitors.

Home Helps.

Sick Room Requisites, Appliances and other Equipment.

Vaccination and Immunisation.

Mental Health.

Ambulance Service.

Minor Ailment Clinics for School Children.

Infant Welfare Centres and Ante-natal Clinics.

Welfare Services for the Aged and the Handicapped.

The County Council's clinics function at Gainsborough as follows:—

#### (a) At Spital Terrace Clinic

School Clinic ... ..	Tuesdays 2-0 p.m.
Infant Welfare Centre ...	Thursdays 2-0 p.m.
Toddlers Clinic ... ..	2nd Thursday and 4th Monday in each month 10-0 a.m.

Infant Welfare & Ante-Natal Clinic ... ..	2nd, 4th and 5th Tuesday in each month at 10-0 a.m.
--	--

Vaccination and Immunisation ... ..	By appointment.
Sunlight Clinic ... ..	Mondays and Thursdays 10-0 a.m.
Domestic Help Service ...	Organiser attends Tuesdays and Thursdays 2-0 p.m.

(b) **At Woods Terrace Clinic.**

Infant Welfare Centre	...	Mondays 2-0 p.m.
Toddlers Clinic	... ..	2nd Monday and 3rd Thursday 10 a.m.
Immunisation	... ..	1st Tuesday in each month.
Mothercraft and Relaxation Class	... ..	1st and 3rd Wednesday in each month, 10 a.m.

The County Council as the Local Education Authority is responsible for the School Health Service. In addition to the clinics mentioned above, specialist services are arranged, with the co-operation of the child's family doctor, through the hospital service.

**SERVICES PROVIDED BY THE LOCAL EXECUTIVE COUNCIL.**

These consist of General Practitioner medical and obstetrical care, with the provision of medicines, drugs and medical and surgical appliances; dental care and a supplementary eye service with provision for the testing of eyesight and the supply of glasses.

**SERVICES PROVIDED BY THE REGIONAL HOSPITAL BOARD.**

Hospital and Specialist services are provided by the Sheffield Regional Hospital Board. They are responsible for the adequate provision of all forms of treatment in both general and specialised hospitals. This is provided both on an in-patient and out-patient basis.

**HOUSING.**

The Housing Act, 1957, which is an act to consolidate enactments relating to housing, with the exception of certain provisions relating to financial matters, came into force on 1st September, 1957.

Part I of this Act places upon Local Authorities the duty to cause their area to be inspected from time to time with a view to ascertaining any unfit houses and to keep records of these houses, visits, etc.

Part II of the Act makes provisions for the repair of unfit houses if they can be rendered fit at a reasonable cost or if unfit and cannot be repaired at reasonable cost, for their demolition, or under certain circumstances for their closure.

Part III of the Act deals with slum clearance by means of clearance areas, i.e. an area where the houses are unfit for human habitation and all the houses require to be demolished.

Part IV of the Act deals with abatement of overcrowding.

Part V of the Act deals with provision of housing accommodation.

### **THE RENT ACT, 1957.**

This Act, which came into operation on 6th July, 1957, as one of its provisions allowed, under specific circumstances, an increase in the rent of certain houses. If the house was in need of repair the tenant could resist the increase in rent by obtaining a Certificate of Disrepair from the Local Authority. This acted as a "stopper" of a rent increase.

The Local Authority act only in a judicial capacity upon the application for a Certificate of Disrepair and if they "are satisfied that the dwelling or any part thereof is in disrepair by reason of defects specified in the said notice and that all or any of those defects ought reasonably to be remedied, having due regard to the age, character, and locality of the dwelling, they shall issue to the tenant a Certificate of Disrepair accordingly and any such certificate shall be in the prescribed form and shall specify the defects as to which the Local Authority are satisfied as aforesaid, stating that the Local Authority are so satisfied." The Act expressly prohibits consideration of any obligations between a landlord and tenant or the origin of the defect.

This Act placed extra work upon the Health Department. The Public Health Inspectors were obliged to inspect each house in respect of which an application for a Certificate of Disrepair had been received and report thereon. Further inspections had to be made when notice was received that the defects had or had not been remedied or an application received for cancellation of a Certificate of Disrepair.

In the course of these inspections many other defects were discovered and quite a considerable number of these had to be dealt with by the Local Authority under the Housing and Public Health Acts.



## HOUSING STATISTICS.

### Total of New Houses erected during the year

(1) By the Local Authority	....	....	....	....	....	32
(2) By other Local Authorities	....	....	....	....	....	—
(3) By other bodies or persons	....	....	....	....	....	30
(4) Number allocated for replacing houses subject to Demolition Orders	....	....	....	....	....	32

### Housing Repairs and Rents Acts, 1954—1957

Number of certificates of disrepair issued	....	....	....	....	4
--	------	------	------	------	---

### Inspection of Dwellinghouses during the year—

(a) Total number of dwellinghouses inspected for housing (under Public Health or Housing Acts)	....	....	....	....	151
(b) Number of inspections made for the purpose	....	....	....	....	302

### Remedy of defects during the year without service of formal Notices—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	....	....	....	....	31
--	------	------	------	------	----

### Action under Statutory Powers during the year—

(1) Proceedings under Public Health Acts :—					
(a) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	....	....	....	....	—
(b) Number of dwellinghouses in which defects were remedied after service of formal notices :—					
(i) by owners	....	....	....	....	—
(ii) by Local Authority in default of owners	....	....	....	....	—
(2) Proceedings under the Housing Acts :—					
(a) Number of dwellinghouses in respect of which notices were served requiring repairs	....	....	....	....	—
(b) Number of dwellinghouses which were rendered fit after service of formal notices :—					
(i) by owners	....	....	....	....	—
(ii) by Local Authority in default of owners	....	....	....	....	—
(iii) Number of unfit houses purchased by Local Authority in accordance with the Housing Acts	....	....	....	....	—
(3) Slum Clearance — proceedings under the Housing Acts :—					
(a) Number of dwellinghouses in respect of which Demolition Orders were made	....	....	....	....	13
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders	....	....	....	....	24
(c) Number of dwellinghouses, or parts, subject to Closing Orders	....	....	....	....	14
(d) Number of dwellinghouses, or parts, rendered fit by undertakings	....	....	....	....	2
(e) Number of dwellinghouses included in confirmed Clearance Orders	....	....	....	....	—
(f) Number of dwellinghouses demolished in pursuance thereof	....	....	....	....	—
(g) Number of dwellinghouses in confirmed Clearance Orders demolished	....	....	....	....	6
(h) Number of dwellinghouses on which Demolition Orders are operative which are still occupied	....	....	....	....	17
(4) Number of Nissen Huts or other similar Hutments still occupied	....	....	....	....	—

### Housing Acts—Overcrowding.

(a)	(i)	Number of cases of overcrowding relieved during the year	8
	(ii)	Number of persons concerned in such cases	34
(b)	(i)	Number of dwellings overcrowded at the end of the year	6
	(ii)	Number of families dwelling therein	6
	(iii)	Number of persons dwelling therein	25

### Housing Act, 1949.

Number of houses for which applications for grants have been received (1957)	34
Number of houses subject to grant (1957)	34
Number of houses owned by local authority which have been the subject of grant aid by the Ministry (1957)	—
Total number of houses reconditioned by grant aid 31-7-1949 to 31-12-56	39

### Moveable Dwellings, Tents, Vans, etc.

Number of site licences	7
Number of individual licences	18
Total number of caravans permitted under licences	119
Number of inspections during the year — Sites	11
— Dwellings	6
Number of contraventions remedied	2

## PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The number of cases of infectious disease (excluding Tuberculosis) notified was 104 compared with 122 in 1956.

Details of infectious diseases are as follows :—

### TABLE I

Disease	Number of Cases Notified
Measles ....	60
Scarlet Fever ....	4
Whooping Cough ....	29
Pneumonia ....	3
Dysentery ....	2
Erysipelas ....	1
Meningitis ....	1
Poliomyelitis ....	4
Total ....	104

### TABLE II DISTRIBUTION IN PARISHES

	Measles	Scarlet Fever	Whooping Cough	Pneu- monia	Dysentery	Ery- sipelas	Menin- gitis	Polio- myelitis (non par.)	Tuber- culosis Pulm.
Blyborough .....	—	1	3	—	—	—	—	—	—
Blyton .....	3	1	2	—	—	—	—	—	3
Corringham .....	4	—	1	—	—	—	—	—	—
East Stockwith ...	—	—	4	—	—	—	—	—	—
Fenton .....	5	—	—	—	—	—	—	—	—
Grayingham .....	—	—	—	1	—	—	—	—	—
Harpswell .....	—	—	4	—	—	—	—	—	—
Heapham .....	—	—	1	—	—	—	—	—	—
Hemswell .....	24	—	2	2	—	1	—	—	—
Knaith .....	1	—	2	—	—	—	—	1	—
Laughterton .....	7	1	—	—	—	—	—	—	—
Marton .....	1	—	—	—	2	—	—	—	—
Morton .....	1	—	2	—	—	—	—	—	—
Newton-on-Trent .	8	—	—	—	—	—	—	—	—
Scotter .....	1	—	—	—	—	—	1	—	—
Stow .....	3	—	2	—	—	—	—	2	—
Sturton-by-Stow ..	—	—	3	—	—	—	—	—	—
Thonock .....	—	—	1	—	—	—	—	—	—
Upton .....	1	—	—	—	—	—	—	1	—
Willingham .....	—	—	—	—	—	—	—	—	1
Willoughton .....	1	1	2	—	—	—	—	—	1
Totals ...	60	4	29	3	2	1	1	4	5

TABLE III.

## AGE INCIDENCE OF INFECTIOUS DISEASE.

Ages	Measles	Scarlet Fever	Whooping Cough	Pneumonia	Dysentery	Erysipelas	Meningitis	Pollomyelitis
0—1 .....	4	—	2	—	—	—	—	—
1—2 .....	8	—	1	—	—	—	—	—
2—3 .....	4	1	2	—	—	—	—	1
3—4 .....	10	—	2	—	—	—	—	—
4—5 .....	5	—	5	—	—	—	1	—
5—10 .....	27	1	12	—	1	—	—	—
10—15 .....	1	1	5	1	—	—	—	1
15—20 .....	—	—	—	—	—	—	—	2
20—35 .....	1	1	—	1	—	1	—	—
35 Upwards .....	—	—	—	1	—	—	—	—
Age Unknown .....	—	—	—	—	1	—	—	—
Total .....	60	4	29	3	2	1	1	4

**TABLE IV.**  
**MONTHLY DISTRIBUTION OF INFECTIOUS DISEASE.**

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Measles .....	33	13	6	5	—	1	1	1	—	—	—	—	60
Scarlet Fever .....	3	—	1	—	—	—	—	—	—	—	—	—	4
Whooping Cough .....	5	7	1	2	4	4	2	1	3	—	—	—	29
Pneumonia .....	—	—	—	—	—	—	—	—	2	1	—	—	3
Dysentery .....	—	—	—	—	2	—	—	—	—	—	—	—	2
Erysipelas .....	—	—	—	1	—	—	—	—	—	—	—	—	1
Meningitis ... ..	—	—	—	—	—	—	1	—	—	—	—	—	1
Polioomyelitis, (Non-Par.).....	—	—	—	—	—	—	—	4	—	—	—	—	4
Tuberculosis, Pulmonary.....	1	1	1	—	—	—	—	—	2	—	—	—	5
Total .....	42	21	9	8	6	5	4	6	7	1	—	—	109

## TUBERCULOSIS

There were five new cases of Pulmonary Tuberculosis notified during the year. There was no new case of Non-Pulmonary Tuberculosis. Two deaths from Pulmonary Tuberculosis occurred.

Table (a) shows the incidence of new cases and deaths as regards age and sex. Table (b) is a copy of the Tuberculosis Register.

Table (a) — New Cases and Deaths.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1-2 years	—	—	—	—	—	—	—	—
2-3 years	—	—	—	—	—	—	—	—
3-4 years	—	—	—	—	—	—	—	—
4-5 years	—	—	—	—	—	—	—	—
5-10 years	—	—	—	—	—	—	—	—
10-15 years	—	—	—	—	—	—	—	—
15-20 years	—	1	—	—	—	—	—	—
20-35 years	1	—	—	—	—	—	—	—
35-45 years	—	1	—	—	1	—	—	—
45-65 years	1	—	—	—	1	—	—	—
65 and over	—	1	—	—	—	—	—	—
Totals	2	3	—	—	2	—	—	—



Table (b) — TUBERCULOSIS REGISTER, 1957

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
<b>On Register 31/12/56</b>	116	94	210	45	39	84	161	133	294
Additions :									
Primary Notifications	2	3	5	—	—	—	2	3	5
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas	—	—	—	—	—	—	—	—	—
Returned to the District	1	—	1	—	—	—	1	—	1
Transfer from other sections	—	—	—	—	—	—	—	—	—
Total Additions	3	3	6	—	—	—	3	3	6
Deductions :									
Deaths	2	—	2	—	—	—	2	—	2
Left the District	1	1	2	—	—	—	1	1	2
Recovered	—	—	—	—	—	—	—	—	—
Diagnosis not confirmed	—	—	—	—	—	—	—	—	—
Transfer to other sections	—	—	—	—	—	—	—	—	—
Total Deductions	3	1	4	—	—	—	3	1	4
<b>On Register 31/12/57</b>	116	96	212	45	39	84	161	135	296

## CANCER

The number of deaths due to cancer in 1957 was 18 in comparison with 14 in the previous year. The sites of the disease are shown in the following table.

Site of Malignant Disease	1957	1956	1955	1954	1953	1952
Stomach	M 3	2	3	2	—	3
	F 1	1	—	1	—	—
Lung and Bronchus	M 1	—	3	2	1	4
	F —	1	1	—	—	—
Breast	M —	—	—	—	—	—
	F —	3	4	1	1	3
Uterus	F 3	—	1	4	3	2
Other malignant and lymphatic neoplasms	M 6	4	4	9	5	10
	F 1	3	3	2	4	3
Leukaemia	M 3	—	—	—	—	1
	F —	—	—	—	—	—
Totals	M 13	6	10	13	6	18
	F 5	8	9	8	8	8
Grand Total	18	14	19	21	14	26

## VACCINATION AND IMMUNISATION

Particulars of diphtheria immunisations, whooping cough immunisations, combined diphtheria and whooping cough immunisations, vaccinations and re-vaccinations carried out in the Gainsborough Rural District during 1957.

### Diphtheria Immunisations

Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
4	26	179

### Whooping Cough Immunisations (Under five years)

Under One	One	Two	Three	Four	Total
—	1	—	1	3	5

### Combined Diphtheria & Whooping Cough Immunisations (Under five years)

Under One	One	Two	Three	Four	Total
60	23	2	—	—	85

### Vaccinations

Under One	1-4	5-14	15 or over	Total
39	9	3	8	59
2	1	1	6	10

### Re-vaccinations

### Vaccination against Tuberculosis.

Of 17 thirteen-years-old school children tested it was found that one was positive and did not require vaccination and 16 were negative and were given B.C.G. vaccination. The one positive reactor was X-rayed, but did not show active tuberculosis.

### Vaccination against Poliomyelitis.

It has not been possible to break down the figures held by the County Council Health Department into individual districts. However, it can be said that vaccination is proceeding with all haste and it is only the shortage of vaccine that is limiting the number of children who can be vaccinated. When the supply of vaccine becomes more plentiful all who request it will be vaccinated.

## SCHOOL HEALTH SERVICE.

This service is provided by the County Council and I, as School Medical Officer, carried out inspections, etc., in our schools. The state of health, general nutrition and cleanliness of the children was of a high standard. Routine medical inspection is carried out on children in their first year at school, in their first year at secondary school, and in their last year at school. Besides these routine medical inspections, children with any defects are regularly seen at "supervisory" examinations and any child referred by a parent or teacher is given a "special" examination. I am grateful to the County Medical Officer for permission to include the following summary of work carried out during 1957 in our area.

**TABLE A**

### ROUTINE MEDICAL INSPECTION

Age Groups	Number of Children				Physical Condition	
	Inspected	Found to require treatment (including cases under treatment —excluding dental diseases, and infestation with vermin)			Satisfactory	Unsatisfactory
		For defective vision excluding squint	For any other condition	Total individual requiring treatment		
Entrants	271	3	33	35	257	14
Second age Group	67	4	14	17	61	6
Leavers	45	—	5	5	42	3
<b>Total</b>	383	7	52	57	360	23

**TABLE B.**

Inspection carried out in the Gainsborough Rural District during 1957.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
<b>Skin</b> .....	16	16	—	—
<b>Eyes</b>				
(a) Vision .....	7	20	—	—
(b) Squint .....	8	4	—	—
(c) Other .....	4	4	—	—
<b>Ears</b>				
(a) Hearing .....	3	1	—	—
(b) Otitis Media .....	—	1	—	—
(c) Other .....	3	3	—	—
<b>Nose and Throat</b> .....	2	84	1	—
<b>Speech</b> .....	2	2	2	—
<b>Lymphatic Glands</b> ....	1	10	—	—
<b>Heart</b> .....	—	3	—	—
<b>Lungs</b> .....	7	6	—	1
<b>Developmental</b>				
(a) Hernia .....	—	7	—	—
(b) Other .....	1	3	—	—
<b>Orthopaedic</b>				
(a) Posture .....	—	11	—	—
(b) Feet .....	6	28	—	—
(c) Other .....	6	43	—	—
<b>Nervous System</b>				
(a) Epilepsy .....	—	—	—	—
(b) Other .....	—	1	—	—
<b>Psychological</b>				
(a) Development .....	—	3	4	—
(b) Stability .....	—	—	—	—
<b>Other</b> .....	—	9	—	—

## INSPECTION AND SUPERVISION OF FOOD

### ANALYSIS OF FOOD PREMISES WITHIN THE DISTRICT

Type of Business	No. of Premises
General Grocers and Provision Dealers ....	45
Greengrocers and Fruiterers (including those selling wet fish, game, etc.) ....	5
Meat Shops (butchers, purveyors of cooked and preserved meats, tripe, etc.) ....	8
Bakers and/or Confectioners ....	3
Fried Fish Shops ....	10
Shops selling mainly Sugar Confectionery, Minerals, Ice Cream, etc. ....	3
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc. ....	38
Others ....	2
Total ....	114

186 inspections were made during the year of the above premises, and of 52 contraventions found, 33 were remedied.

### FOOD AND DRUGS ACT, 1955, SECTION 16 REGISTERED PREMISES

Type of Business	No. registered	No. of inspections during year
Ice Cream (Manufacture)	—	—
Ice Cream (Storage and Sale) ....	33	102
Preparations and Manufacture of Meat Products, including Meat Pies ....	8	25
Totals ....	41	127



## MILK AND DAIRIES.

The Council is responsible for the registration of dairy premises and milk distributors in the area. We are also responsible for the issue of Dealers' and Supplementary Licences and the conditions under which milk is retailed to the public.

Number of distributors on register:

Sterilised Milk .....	9
Pasteurised Milk .....	4
Tuberculin Tested Milk .....	3

During the year the following reports on samples of milk were received:

Pasteurised Milk .....	21
------------------------	----

All were satisfactory.

Twenty-three samples of milk were taken prior to pasteurisation and sent for biological examination. These, also, were all satisfactory.

The Ministry of Agriculture, Fisheries and Food is responsible for the control of milk production. The supervising of pasteurising plants is exercised by the Lindsey County Council.

### THE MILK (SPECIAL DESIGNATION) (SPECIFIED AREAS) ORDER, 1956.

The above order requires all milk sold within the district to be sold under special designations. The special designations authorised by the Milk (Special Designations) Regulations, 1949-1954, are Pasteurised, Tuberculin Tested and Sterilised.

## ICE CREAM.

There are on the Register 33 Retailers who retail only pre-packed ice cream.

102 inspections were made during the year of the 33 premises, and of 30 contraventions found, 23 were remedied.

THIRTYONE

**THE FOOD AND DRUGS ACT, 1955**, provides for the sampling of food and drugs for analysis or for bacteriological and other examinations. The Lindsey County Council is the authority responsible for these duties. I am grateful to Dr. C. D. Cormac, County Medical Officer of Health, and Mr. G. Collinson, County Health Inspector for the following information.

### **SAMPLES TAKEN UNDER FOOD & DRUGS ACT, 1955.**

Article Sampled	No. of samples taken
Milk .....	25
Margarine ... ..	1
Other meat products (brawn, haslet, etc.) .....	1
Other Canned vegetables .....	1
Sauces and pickles (all types) .....	1
Flavouring substances (all types) .....	1
Preserves: jam and marmalade .....	1
Tinned fruit .....	2
Spirits .....	1
Soft Drinks .....	2
Sugar Confectionery and sweets .....	1
Custard Powder .....	1
Miscellaneous foods .....	3
Drugs .....	4
<b>Total .....</b>	<b>45</b>

Three samples of Channel Island milk taken in course of delivery in Gainsborough Rural District contained 3.36%, 3.32% and 2.96% of fat respectively. Legal proceedings were instituted and a fine of £5 imposed.

**THIRTYTWO**

# Meat, Foods and Slaughterhouse Inspections

## CARCASES INSPECTED AND CONDEMNED

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.....	259	85	26	685	300
Number inspected .....	259	85	26	685	300
<i>All disease except Tuberculosis &amp; Cysticerci</i>					
Whole Carcases con- demned .....	—	—	3	4	1
Carcases of which some part or organ was con- demned .....	22	10	2	9	16
Percentage of number inspected affected with disease other than tuberculosis .....	8.46	11.76	19.23	1.90	5.66
<i>Tuberculosis only.</i>					
Whole Carcases con- demned .....	2	3	—	—	—
Carcases of which some part or organ was con- demned .....	24	20	—	—	11
Percentage of number inspected affected with tuberculosis .....	10	27.0	—	—	3.66
<i>Cysticercosis.</i>					
Carcases of which some part or organ was con- demned .....	—	—	—	—	—
Carcases submitted to treatment by refrigera- tion .....	—	—	—	—	—
Generalised and totally condemned .....	—	—	—	—	—

No horse slaughtering for human consumption is carried on within the District.

No veterinary ante-mortem inspection of animals is undertaken.

No action was necessary in regard to meat offered for sale by retail.

THIRTYTHREE

### FOOD CONDEMNED DURING 1957

Canned Milk Powder .....	25 lbs.
Canned Tomatoes .....	48 lbs.
Canned Spaghetti .....	1 tin
Canned Broad Beans .....	1 tin
Piccalilli * .....	1 jar
Onions .....	1 jar
Sundry Items (Sauce, Jam, etc.) .....	25

Condemned meat is disposed of to approved processors; other foods condemned are disposed of by burial at the Council's refuse tip.

### SLAUGHTER OF ANIMALS ACTS, 1933 to 1954

There are 35 slaughtermen licensed by the Council under the above Acts.

## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY.

- (i) The water supplied by the Council is derived from the following sources and during the year was satisfactory both in quality and quantity:—
- (1) The Council's own boreholes in the Lincolnshire Limestone at Glenham and Caenby, west of the Lincolnshire Wolds.
  - (2) Bulk supply from Lincoln Corporation, the supply being derived from boreholes in the Bunter Sandstone at Elkesley in Nottinghamshire, and Newton-on-Trent in Lincolnshire.
  - (3) Bulk supply from Welton Rural District Council, the supply being derived from boreholes in the Lincolnshire Limestone at Welton. This supply assists the Cliff Area.
  - (4) Bulk supply from Caistor Rural District Council, the supply being derived from springs in the Lincolnshire Limestone and Chalk in that District. Water is taken only when required and is on a reciprocal basis.
- (ii) During the year the bacteriological examination of the water was carried out with the following results:—

Excellent .....	51
Satisfactory .....	5
Suspicious .....	0
Unsatisfactory .....	0

- (iii) Chemical analysis carried out during the year showed that the waters were satisfactory in every way. They were free from odour and heavy metals and the taste and colour were normal. The average temporary hardness is 105.00 p.p.m. and permanent hardness 91.00 p.p.m. The p.H. value is 7.5. The average fluorine content is 0.50 p.p.m. The waters have no plumbo-solvent action.
- (iv) All the waters are chlorinated at source, the dosage being automatic and continuous. Chlorine residual 1.50 p.p.m.

(v)

### HOUSES.

Parish.	Total No.	No. with piped supplies.
Blyborough .....	69	65
Blyton .....	316	296
Brampton .....	27	25
Corringham .....	147	131
East Ferry .....	42	42
East Stockwith .....	100	98
Fenton .....	164	162
Fillingham .....	78	77
Gate Burton .....	31	30
Glentworth .....	104	103
Grayingham .....	42	31

(v)

## HOUSES.

Parish.	Total No.	No. with piped supplies.
Supplied by Lincoln Corporation		
Hardwick .....	29	29
Harpwell .....	38	35
Heapham .....	111	106
Hemswell .....	80	78
Kettlethorpe .....	119	117
Kexby .....	64	61
Knaith .....	84	80
Laughton .....	221	219
Lea .....	139	130
Marton .....	Supplied by Gainsborough U.D.C.	
Morton .....	85	84
Newton-on-Trent .....	67	63
Northorpe .....	17	15
Pilham .....	396	383
Scotter .....	82	81
Scotton .....	47	46
Springthorpe .....	120	118
Stow .....	223	217
Sturton-by-Stow .....	16	10
Thonock .....	58	56
Torksey .....	78	72
Upton .....	23	23
Walkerith .....	29	28
Wildsworth .....	139	131
Willingham .....	163	162
Willoughton .....		
	3548	3404

I am grateful to Mr. G. E. Burn the water engineer for this information.

## DRAINAGE AND SEWERAGE

In the district it is estimated that 60 per cent. of the houses have pail closets and 40 per cent. water closets. During the year 61 water closets were substituted for pail closets and privy vaults. This rate of conversion is low and it is a pity to see many of our houses on the line of sewers without the convenience of water closets. Action is contemplated during 1958 to get all houses on the line of sewers fitted with water closets. 160 cesspools and septic tanks were abolished during the year. Several sections of open sewers were piped in.

During the year the Lea scheme was completed and is now functioning. The other works at Scotton, Blyton, Morton and Knaith functioned satisfactorily. Besides these there are small



works at Corringham, Sturton-by-Stow and Northorpe. Each of these services a small number of Council houses. Such small works are usually in close proximity to the houses they serve and frequent complaints are received from the residents about the odour.

The proposed schemes at Gate Burton and Marton, Sturton-by-Stow and Stow have been approved by the Minister and a commencement should be made by mid 1958. A scheme for Willingham has been prepared and it is possible that a start may be made in 1959.

### **REFUSE COLLECTION**

Refuse is collected from all of the district with the exception of some isolated farms. This collection is made fortnightly in Morton but only every three weeks in the remainder of the district. This is one of the disadvantages, which we often accept too lightly, of being in a rural area. We should at all times endeavour, where possible, to get the collection periods down to the minimum that can economically be afforded. The Health Department are alive to this problem. The refuse is disposed of by the controlled tipping method at various Council tips.

### **DISINFECTION AND DISINFESTATION**

Disinfection was carried out in eight houses in which cases of infectious disease occurred. Eight houses were disinfested.

### **SMOKE ABATEMENT**

Several of the provisions of the Clean Air Act, 1956, came into operation on 31st December, 1956, but these left unaffected the existing law on smoke abatement contained in the Public Health Act, 1936, which require a nuisance to be proved.

The new provisions in force relate to the installation of new furnaces; smoke control areas; height of chimneys for new buildings; colliery spoilbanks and processes scheduled as special cases under the Alkali, etc., Works Regulation Act which come under the control of the Alkali Inspectorate.

Remaining provisions are to come into operation on a day to be appointed in 1958.

The Act, when fully in operation, will mark a big step forward in the field of public health and will make increasing demands on the time of your Inspectors.

### **KNACKERS YARDS**

The number licensed is one and four visits were made during the year. One contravention was found and this was remedied.

### **SHOPS ACT, 1950**

110 visits were paid during the year to ensure compliance with the provisions of the above Act in relation to the health and comfort of shop workers. Six contraventions were found and remedied without recourse to formal action.

*THIRTYSEVEN*



## PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following information extracted from the form prescribed by the Ministry of Agriculture, Fisheries and Food, is for the twelve month period ending 31st March, 1958.

	Type of Property				Total
	Local Authority	Dwellinghouses	Agricultural	All other (including business premises)	
Number of properties in Local Authority's District	18	3820	335	175	4348
Number of properties inspected as a result of :					
(a) Notification	0	25	0	0	25
(b) Survey under the Act	18	1324	61	84	1487
(c) Otherwise ( <i>e.g.</i> when primarily visited for some other purpose)	0	380	5	102	487
Total inspections carried out (including re-inspections)	72	—	—	—	72
Number of properties inspected which were found to be infested by :					
(a) Rats   (Major)	1	0	0	0	1
(Minor)	16	35	0	0	51
(b) Mice   (Major)	0	0	0	0	0
(Minor)	0	3	0	0	3
Number of infested properties treated by the Local Authority	17	38	—	—	55
Total treatments carried out (including re-treatments)	68	—	—	—	68
Number of notices served under Section 4 of the Act					
(a) Treatment	Nil	Nil	Nil	Nil	Nil
(b) Structural Work	Nil	Nil	Nil	Nil	Nil
Number of cases in which default action was taken following issue of a notice under Section 4 of the Act	Nil	Nil	Nil	Nil	Nil
Legal Proceedings	Nil	Nil	Nil	Nil	Nil
Number of "Block" control schemes carried out	Nil				

## FACTORIES ACTS, 1937 and 1948

The number of factories on the register, including three bakehouses is 51. During the year, 58 visits were paid to these premises, which resulted in six offences against the Act being remedied. This work has been facilitated by the ready co-operation which has been extended at all times by Her Majesty's Inspector for the District.

The following tables in the form required by the Ministry of Labour and National Service, gives a summary of the work undertaken by the Public Health Inspectors.

### PART I OF THE ACT

#### Inspections for purposes of provisions as to health.

Premises.	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 and 6 are to be enforced by Local Authori- ties .....	3	7	—	—
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by Local Authority .....	45	48	—	—
(iii) Other premises in which Sec. 7 is en- forced by the Local Authority exclud- ing outworkers	3	3	—	—
Totals ....	<u>51</u>	<u>58</u>	<u>Nil</u>	<u>Nil</u>

*THIRTYNINE*

Cases in which defects were found.	Number of Cases in Which Defects Were Found		Number of Cases in which Prosecutions were Instituted	
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector
Particulars				
Want of cleanliness .....	3	3	—	—
Overcrowding .....	—	—	—	—
Unreasonable temperature .....	—	—	—	—
Inadequate ventilation .....	—	—	—	—
Ineffective drainage of floors .....	—	—	—	—
Sanitary conveniences:				
(a) Insufficient .....	1	—	—	—
(b) Unsuitable or defective .....	3	3	—	1
(c) Not separate for sexes .....	—	—	—	—
Other offences against the Act .....	—	—	—	—
Totals .....	7	6	Nil	1

FACTORIES ACTS, 1937 and 1948. PART VIII OF THE ACT.  
OUTWORK. Sections 110 and 111.

No. of out-workers in August list required by Section 110 (1) (c).....	Wearing apparel (making, etc.)		All other items
	3	Nil	
No. of defaults, prosecutions, notices served (under all headings).....	Nil	Nil	Nil



